									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										פרסדגד ו			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			·					RATE	FEE	٦	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTR		•	BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20≠					XS 9=		OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	You		
M	ILTIPLE DEPE	NDENT CLAIM P	RESENT					45	+	1		· · ·	
• If the difference in column 1 is less than zero, enter *0* in column 2							ı	+145=	+	OR	Ŀ <u> </u>		
								TOTAL	· L	JOR	TOTAL	L	
CLAIMS AS AMENDED - PART II (2-14-04 (Column 1) (Column 2) (Column 3)								SMALI	LENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	IEA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	- 2	٥	· _		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	•••	>	•		X43=	-	OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+145=	1	OR	+290=		
							L	TOTA		OR	TOTAL		
/3/.05 (Column 1) (Column 2) (Column 3)								DOIT, FE	Ē	JOH	ADDIT. FEE	·	
		CLAIMS		HIGHE		(Column 3)	_		1 4004	1 1	-	460:	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total _	.94	Minus	- 21	9			X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	- 3				X43=.	·	OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	Ī	+145=		OR	+290=		
								TOTAL DOTT, FEE	_ B	OR	TOTAL ADDIT, FEE		
12	121/05	(Column 1)	•	(Colum		(Column 3)				,		•	
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	st ea JSLy	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE	
훘	Total	.10	Minus	-20	2			X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	••• <u></u>	3	•==	_ -	X43=			X86=		
4	FIRȘT PRESEI	VITATION OF MU	LTIPLE DE	PENDENT	CLAIM		1	4 - 7 %		OA			
• 8	the entry in colum	L	+145=		OR	+290=							
	the "Highest Nurs the "Highest Nurs	ober Previously Paid ber Previously Paid ber Previously Paid	d For IN THE Id For IN THE	S SPACE is	less that less that	n 20, enter "20." n 3, enter "3.",		TOTAL DOT. FEE In the ap			TOTAL LODIT. FEET LIMB 1.		